



FIFTH WORLD CONFERENCE ON SMOKING AND HEALTH
Winnipeg, Canada, July 10th - 15th, 1983

CINQUIÈME CONFÉRENCE MONDIALE SUR L'USAGE DU TABAC ET LA SANTÉ
Winnipeg, Canada, du 10 au 15 juillet, 1983

QUINTA CONFERENCIA MUNDIAL SOBRE EL TABACO Y LA SALUD
Winnipeg, Canada, del 10 al 15 de julio de 1983

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CONFERENCE RECOMMENDATIONS

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ENCLOSURE C

Organisation Mondiale de la Santé
Société et Fédération Internationale de Cardiologie
Union Internationale contre le Cancer
Union Internationale contre la Tuberculose
Union Internationale d'Éducation pour la Santé

organisée par
la Société Canadienne du Cancer
la Fondation Canadienne des Maladies du Cœur
l'Association Pulmonaire du Canada
Le Gouvernement du Canada

et
la Société Américaine du Cancer
par l'intermédiaire du

Conseil Canadien sur le Tabacisme et la Santé

World Health Organization
International Society and Federation of Cardiology
International Union Against Cancer
International Union Against Tuberculosis
International Union on Health Education

organized by the
Canadian Cancer Society
Canadian Heart Foundation
Canadian Lung Association
Government of Canada
and the

American Cancer Society
through the

Canadian Council on Smoking and Health

Organización Mundial de la Salud
Sociedad y Federación Internacional de Cardiología
Unión Internacional contra el Cáncer
Unión Internacional contra la Tuberculosis
Unión Internacional de Educación para la Salud

organizado por
La Sociedad Canadiense de Cáncer
La Fundación Canadiense del Corazón
La Asociación Canadiense del Pulmón
El Gobierno del Canadá

y
La Sociedad Americana del Cáncer
por intermedio del

Consejo Canadiense del Tabaco y la Salud

RECOMMENDATIONS THROUGH RAPPORTEURS

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HEALTH CONSEQUENCES

Recommendation 1: There should be a significant increase in the activities of women's health groups; and investigative networks should be established in each hemisphere to evaluate the effectiveness of programs for women.

Background: The Fifth World Conference on Smoking and Health has recognized the emerging problem of smoking among women. The scientific evidence clearly shows the increasing prevalence of female smoking. Further, the effects on maternal and fetal health have become clearly established.

Recommendation 2: Research efforts should be intensified on the role of low tar and nicotine cigarettes to assess their harmful effects.

Background: Since the tar and nicotine levels of cigarettes are continuously decreasing, a better knowledge of the harmful consequences of these products is required. Similarly, more needs to be known about the smoking behaviour, rate of consumption, depth of inhalation, etc. of the consumers of such cigarettes.

Recommendation 3: Based on the demonstrated interest and enthusiasm at this Conference, nonsmokers' rights issues should be given appropriate weight in the planning of the Sixth World Conference program.

Recommendation 4: The availability of routine data - consumption and vital statistics - for as many countries as possible should be increased.

Background: Vital statistics and cigarette consumption data can be used to estimate smoking and non-smoking rates, provide projections, and help to identify changes in risk, e.g., effects of changes in the environment, use of low tar cigarettes, etc. This will be especially useful during the next twenty years since there may be large changes in consumption during this period. And, one body is also needed to oversee the development of standard instruments and data collection procedures.

Recommendation 5: Research in the area of passive smoking and its effects on health should be increased.

Background: More research on the health effects of passive smoking is needed. The amount of literature on the subject is negligible, as compared to other aspects of the smoking and health problem. Evidence from several studies suggests that lung cancer mortality is increased in passive smokers exposed either at home, at the workplace, or in society in general. However, other studies have not shown this relationship; therefore, more definitive research is needed to clarify the question.

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Recommendation 6: The Third World should be supported in its research on the harmful consequences of smoking so that developing countries can establish their own data base.

Background: In many Third World nations the harmful effects of cigarettes are still not generally known and consumption is rising. Further, high tar and nicotine tobacco is being dumped in developing countries.

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SOCIOECONOMIC ASPECTS

Recommendation 1: All countries should collect regularly, in a standardized way, and report accurate data on tobacco use.

Background: Accurate information is essential in order to monitor progress toward the goal of eliminating tobacco use; to compare trends in different countries and between sub-groups within countries; to predict future health consequences of past and present tobacco use; to develop and share appropriate scientific methods to assess the effects of smoking and health.

Recommendation 2: To help reduce economic dependence on tobacco, countries should request WHO and FAO to encourage alternatives to tobacco production to ensure employment and cash income, export earnings and foreign exchange, and productive land use equivalent to that currently provided by the growth and manufacture of tobacco products.

Background: Objectives of the above would be to facilitate agricultural diversification in tobacco growing areas, to change land use, particularly toward food production, to reduce government dependence on tax revenue, and to encourage corporate diversification by tobacco companies.

Recommendation 3: Governments should use appropriate taxation measures, in conjunction with other measures, i.e., educational and legal, to reduce tobacco consumption patterns.

Background: There is evidence that such actions may be especially effective among young smokers. Other objectives are to encourage changes to lower risk cigarettes, and to ensure that real tax levels are maintained or increased, and that they are targeted appropriately.

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LEGISLATION AND POLITICAL ACTION

Recommendation 1: An international initiative to influence politicians, including a survey on attitudes of political decision makers, should be launched. A special information system for politicians is also proposed.

Background: A common concern experienced in all sessions dealing with smoking-related political issues centered on how to influence politicians to take appropriate action. It was felt that, with a few exceptions, politicians don't yet react in accordance with the magnitude of the said problems.

Recommendation 2: Smoking control should be achieved by implementing comprehensive programs which include public information, health education, cessation, and legislation.

Background: Several political issues received special attention. They include a ban on advertising and sales promotion, and price policy and taxation. Smoking control represents a multi-faceted opportunity requiring comprehensive action.

Recommendation 3: Developing countries should be provided with the necessary support to overcome the growing threat of the tobacco industry.

Background: While some progress is being observed in developed countries, tobacco industry initiatives in the developing nations is going unabated. By doing the above, international solidarity should again focus on political decision-makers, reminding them of what was possible in other fields, e.g. the breastfeeding issue.

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PUBLIC EDUCATION AND PREVENTION

Recommendation 1: To support the development of a knowledge base for interventions aimed at high priority target population groups. These include women in general, and nurses and pregnant women in particular, as well as individuals at lower educational levels.

Recommendation 2: To develop liaisons among regional agencies that have defined responsibilities for promotion of health. These are agencies at a community or higher level.

Recommendation 3: To establish channels of communication for the exchange of information on service and action programs. This would include the dissemination of supporting materials.

Recommendation 4: To develop and support youth non-smoking activities that involve the young themselves. These are activities that explicitly utilize the talents of young people in influencing their own age peers.

Background: This Conference, unlike earlier Conferences, has provided a world perspective. The enormity of the need to protect people from the harmful consequences of smoking has linked the developing and developed countries in a common mission.

Reports on community and regional programs have included descriptions of sophisticated approaches to the development of these activities. Program development appears to be grounded in theory. Far too few programs have been developed with reference to the work of others and past evaluations.

The content of the messages, campaigns, materials, and programs described or shown during the Conference indicates a shift away from negative communications to a more positive approach.

A variety of studies conducted in different countries have identified similar groups of priority smokers. Specifically pinpointed have been women smokers, especially nurses and pregnant women. It has also been indicated that future smokers are likely to be those with the least amount of formal schooling.

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SMOKING CESSATION

Recommendation 1: Promising approaches to cessation - physician treatment, behavioural clinics, and the electronic media - should be further developed and evaluated in community demonstration projects to examine the effectiveness of an integrated network of cessation services.

Background: Recent promising results for several approaches to cessation combined with (a) encouraging signs of effectiveness for comprehensive community programs, (b) a consensus that a diversity of coordinated services are required to be maximally effective, and (c) evidence that repeated efforts with individual smokers and services aimed at relapse-prevention maintenance of non-smoking increase success, all argue for development and testing of cessation service networks. Following demonstration of efficacy of these programs, effective means of dissemination need to be developed. To maximize efforts and avoid duplication, service providers and researchers must collaborate throughout development and coordinate efforts with comprehensive smoking and health programs on community, national, and international levels.

Recommendation 2: Research should continue in the development of nicotine-bearing chewing gum as a new cessation tool showing clear evidence of potential effectiveness and wide-spread utility.

Background: Research since the Fourth World Conference demonstrates the efficacy of nicotine-bearing chewing gum in at least some circumstances when used in conjunction with other cessation methods. Continuing study is encouraged to pinpoint necessary and sufficient conditions for its efficacy to specify optimal dosage and duration parameters, and to identify for whom and under what circumstances the gum is to be recommended.

Recommendation 3: Program development must continue to be balanced with research to (a) refine our understanding of processes underlying smoking cessation, and thus provide a basis for more effective cessation programs in the future, and (b) provide careful, accurate evaluation of current cessation programs.

Background: Future development of more effective programs will depend on increased understanding of smoking processes. For example, the process by which smokers stop by themselves, and the nature and role of nicotine dependence in cessation, are not now well enough understood to design maximally effective cessation methods. Process research sometimes will have direct implications for cessation methods, but the long-term value of process research with less immediate utility also must be recognized.

Evaluation of cessation methods should include (a) validation of reported cessation, (b) follow-up of effectiveness beyond one year, and (c) calculation of abstinence rates both in terms of percent of participants continually abstinent since program termination (continuous abstinence) and total percent abstinent at follow-up evaluation (abstinence prevalence).

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Recommendation 4: Development of cessation programs sensitive to socio-cultural realities in developing countries should begin; and these methods evaluated and implemented as appropriate in the context of comprehensive smoking and health programs.

Background: Over the past two decades, effective cessation programs slowly have evolved in developed countries. If parallel programs are to be ready when required in developing countries, efforts must begin to specify the requirements for effective methods in these cultures. Such efforts may be facilitated by joint working sessions of representatives from developing and developed countries.

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RECOMMENDATIONS FROM DELEGATES

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RECOMMENDATIONS

Following is a listing of top priority recommendations to be carried out internationally as swiftly as possible. These recommendations are based on a synthesis of responses to the special input form completed by Conference participants as well as other suggestions contributed.

The International Liaison Committee on Smoking and Health has considered and endorsed the recommendations as set forth below:

- (1) That the primary objective of international and national smoking control programs should be to establish NON-SMOKING AND THE RIGHT TO A SMOKE-FREE ATMOSPHERE AS THE NORM.
- (2) That the Ministries of Health of all countries be asked to report to the 1987 World Conference on Smoking and Health on progress made toward each of the goals set out in the WHO Expert Committee on Smoking Control recommendations of 1978, particularly in relation to advertising, health warnings, sales to minors, and health education programs.

Action to be taken by Conference chairman.

- (3) That all countries be asked to measure the prevalence of local tobacco usage and to report findings to the 6th World Conference on Smoking and Health. The standardized measuring system developed by WHO and UICC is recommended for this purpose.

Action to be taken by Conference chairman via WHO and UICC.

- (4) That all countries be urged to form a National Smoking Control Coordinating Body, representing government and non-government agencies by 1987.

Action to be taken by Conference chairman via WHO and international agencies.

- (5) That world religious leaders and groups be asked to support actively the international program on smoking control.

Action to be taken by Conference chairman.

- (6) That this 5th World Conference on Smoking and Health urge all governments to heed the Honourable Monique Bégin's call for regular increases in taxation as part of a comprehensive program to reduce smoking and improve health.

Action to be taken by Conference chairman.

- (7) That production and export of cigarettes with a tar yield of more than 20 milligrams cease worldwide. This upper limit should be reviewed in 1987 and progressively reduced. Yields of nicotine and other hazardous substances should be similarly reduced.

Action to be taken by Conference chairman via WHO international agencies.

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- (8) That all cigarettes and tobacco products sold worldwide should carry a health warning and precise labelling of tar, nicotine and carbon monoxide - this is to include duty-free cigarettes.
- (9) That all international health agencies, including WHO, be urged to demonstrate their commitment to smoking control by substantially increasing the resources made available for this purpose.

Action to be taken by Conference chairman to WHO and international agencies.

- (10) That the Director General of WHO be asked to open the Sixth World Conference on Smoking and Health and to report progress on the development of WHO's smoking control program at that time.

Action to be taken by Conference chairman and International Liaison Committee on Smoking and Health.

- (11) That WHO, possibly in cooperation with the International Agency on Research and Cancer (IARC), be requested to organize an assessment of the size of the global tobacco problem in terms of mortality, morbidity, tobacco production and sales; and to report this to the 1987 World Conference on Smoking and Health along with long-term projections.

Action to be taken by Conference chairman to WHO and IARC.

- (12) That regular international planning meetings be held of selected leaders of smoking control programs from around the world.

Action to be taken by Conference chairman to international agencies.

- (13) That UN agencies be urged to cease supporting tobacco growing and to initiate programs to develop alternative crops. These agencies are requested also to examine the deforestation which occurs as a consequence of tobacco production.

Action to be taken by Conference chairman to UN agencies.

- (14) That a world NON-SMOKING DAY be held each year, commencing in 1984.

Action to be taken by Conference chairman via WHO and international agencies. Date to be set by International Liaison Committee on Smoking and Health.

- (15) That national research institutes be requested to intensify their research activities in the area of smoking and health.

Action to be taken by Conference chairman to WHO and international agencies.

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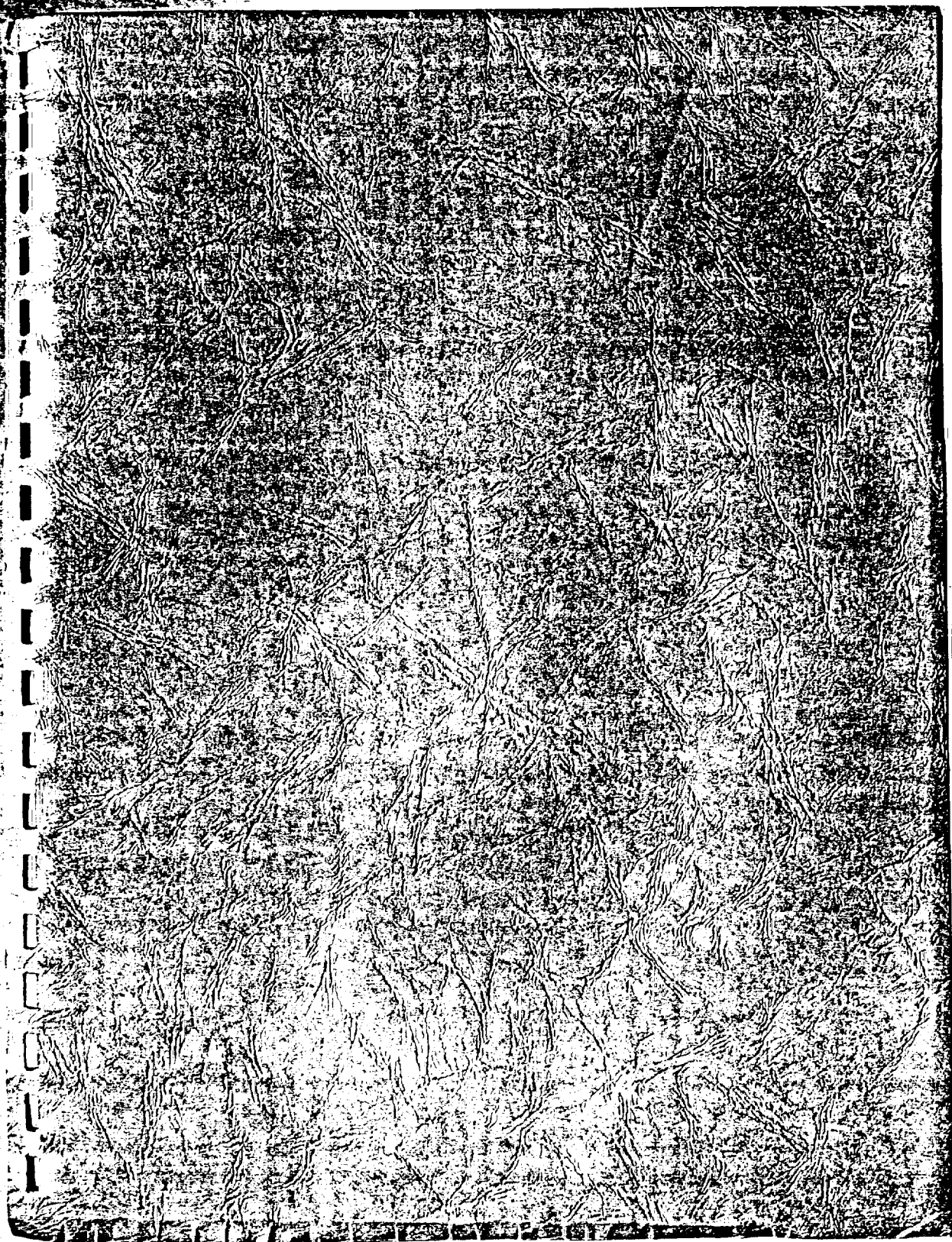
RECOMMENDATIONS FROM MEETING OF THIRD WORLD DELEGATES

At an especially convened meeting, some 40 of the Third World delegates to the Conference recorded their appreciation of the opportunities it had afforded to broaden their knowledge of smoking control but regretted the absence of opportunities to focus in more detail on certain areas peculiar to their countries. They noted too the need to enlist the aid of non-governmental organizations to support efforts of health ministries in the field of smoking control.

The meeting made the following specific proposals:

1. Future conferences should be organized in a manner which allows time for the discussion of subjects specific to certain regions, economic groupings or political organization without conflicting with other agenda items - for instance traditional forms of tobacco use; control of smoking in developing countries with state monopolies etc.
2. A coordinator should be nominated to coordinate those parts of the program relevant to the Third World participants.
3. Support should be given to the establishment of an international network of ngos in the field of smoking control in the developing countries. The representative of the Consumer Association of Penang, Malaysia offered to provide initial coordination for this purpose. In support of this it was noted that for future smoking control workshops in developing countries, funds should be sought to permit the participation of representatives of such organizations and that support should also be sought for the establishment and operation of such a network.

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